

# Impact of Final Kissing Balloon Inflation or Two-stent Technique for Bifurcation Coronary Lesions

## **CROSS and PERFECT Trials**

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On behalf of CROSS and PERFECT Investigators

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# Disclosure

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  - CardioVascular Research Foundation (CVRF)
  - Korean Society of Interventional Cardiology
  - Korea Healthcare technology R&D Project, Ministry of Health and Welfare

# Current RCTs for Bifurcation Lesions

## No Difference of Outcomes

<b>Trials</b>	<b>Comparison</b>
<b>NORDIC 1</b>	Provisional T vs. Systemic T stenting
<b>NORDIC 2</b>	Crush vs. Culotte
<b>NORDIC 3</b>	Kissing balloon vs. leave alone
<b>BBC</b>	Simple vs. Complex
<b>CACTUS</b>	Provisional T vs. Crush

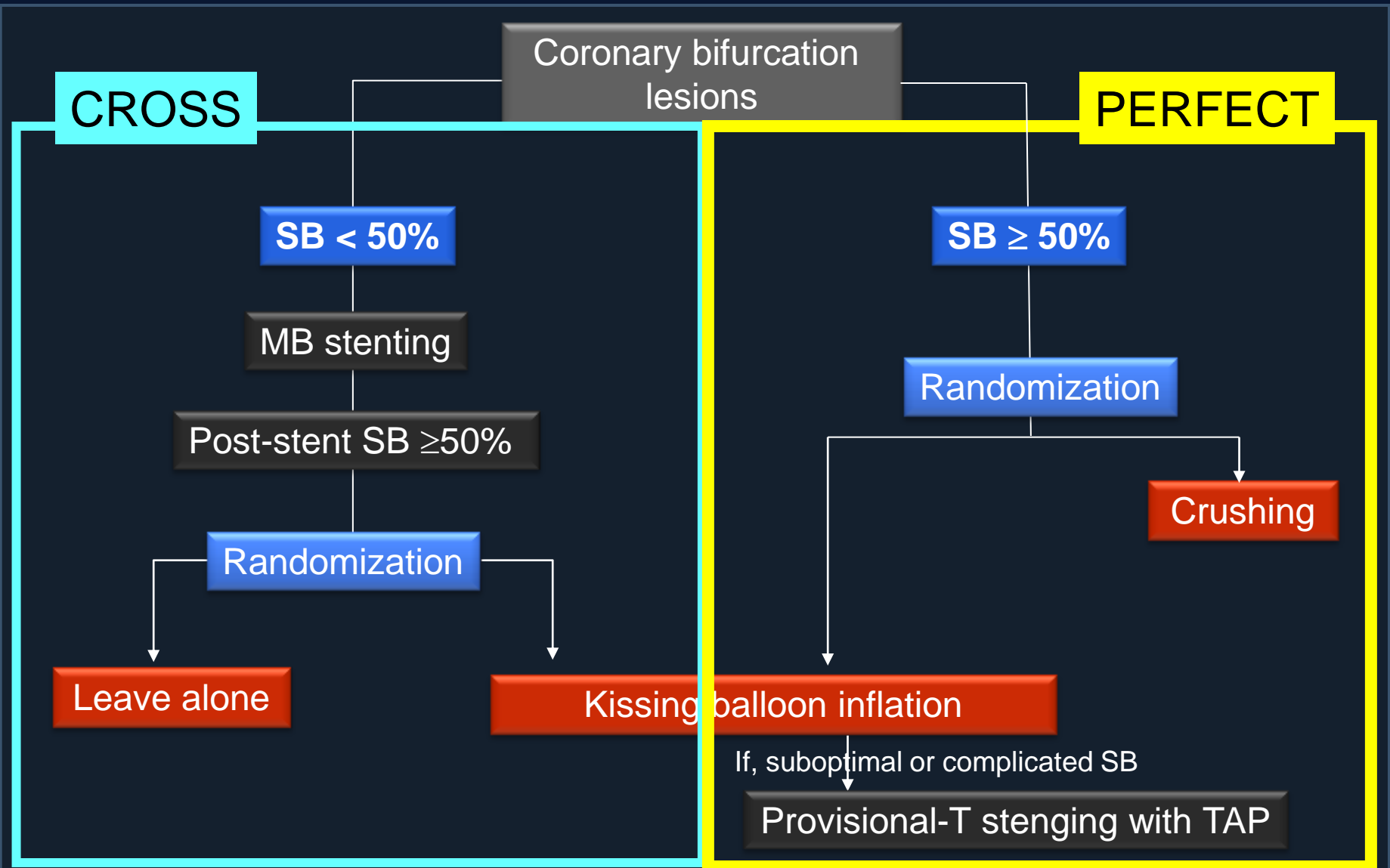
# Lessons From Trials

- No difference in the rate of death, spontaneous MI, and repeat revascularization rate
- Superiority of 1-stent technique in the rate of periprocedural MI
- Low cost and simple procedure for 1-stent  
**BUT**, limited by selected inclusion, heterogeneous bifurcations, different procedures, and angiography-guidance

# Purpose of CROSS and PERFECT Trials

To compare outcomes of two different techniques for patients with bifurcation stenosis stratified by the presence of SB stenosis.

# CROSS & PERFECT Trials



# Administration and Sites

## Sites

Asan Medical Center  
Aju University Hospital  
Busan Saint Mary's Hospital  
Busan University Hospital  
Catholic University, Kangnam St. Mary's Hospital  
Chungju Saint Mary's Hospital  
Chungnam National University Hospital  
Hallym University Sacred Heart Hospital  
Kangwon University Hospital  
Korea Veterans Hospital  
Kyungsang University Hospital  
Soonchunhyang University Seoul Hospital  
Soonchunhyang University Bucheon Hospital  
Soonchunhyang University Cheonan Hospital  
Ulsan University Hospital

## Principle investigator

Seung-Jung Park, MD, PhD

## Angiographic and IVUS Core Lab

## Data management

## Clinical Event Committee

## Data Safety Monitoring Board

CardioVascular Research  
Foundation, Seoul, Korea

# Inclusion Criteria

## 1. Clinical

- Ischemic symptom or sign
- Eligible lesion for intracoronary stenting
- Age >18 years, <75 ages

## 2. Angiographic

- De novo bifurcation
- **MB:**  $\geq 2.5$  mm,  $\geq 50\%$  stenosis,  $\leq 50$  mm length covered with  $\leq 2$  stents
- **SB:**  $\geq 2.0$  mm, < 50% stenosis (CROSS)
- **SB:**  $\geq 2.0$  mm,  $\geq 50\%$  & < 20 mm length (PERFECT)



# Exclusion Criteria

- Serious comorbidity with left expectancy < 1 year
- STEMI  $\leq$  2 weeks
- LM disease
- In-stent restenosis
- Graft vessels
- TIMI flow  $\leq$  grade 2 in the side branch
- CTO
- Renal dysfunction, Creatinine  $\geq$  2.0 mg/dL

# Primary End Points Angiographic Surrogates

- **CROSS**
  - Non-inferiority design
  - 8-month % diameter stenosis in analysis segment of SB
- **PERFECT**
  - Superiority design (crush is better)
  - 8-month overall restenosis rate

Patients with  
non-diseased side branch  
(>2.0mm and < 50% stenosis)

Patients with  
diseased side branch  
(>2.0mm and ≥ 50% stenosis)

**Registry  
(N=195)**

**CROSS RCT  
(N=306)**

**PERFECT RCT  
(N=419)**

**Routine FKB  
(N=151)**

**Leave alone  
(N=155)**

**Crush  
(N=213)**

**Single-stent  
(N=206)**

Angiography  
at 8 months  
(N=106, 70.2%)

Angiography  
at 8 months  
(N=108, 69.7%)

Angiography  
at 8 months  
(N=155, 72.8%)

Angiography  
at 8 months  
(N=145, 70.4%)

Clinical follow-up  
at 12 months  
(N=150, 99.3%)

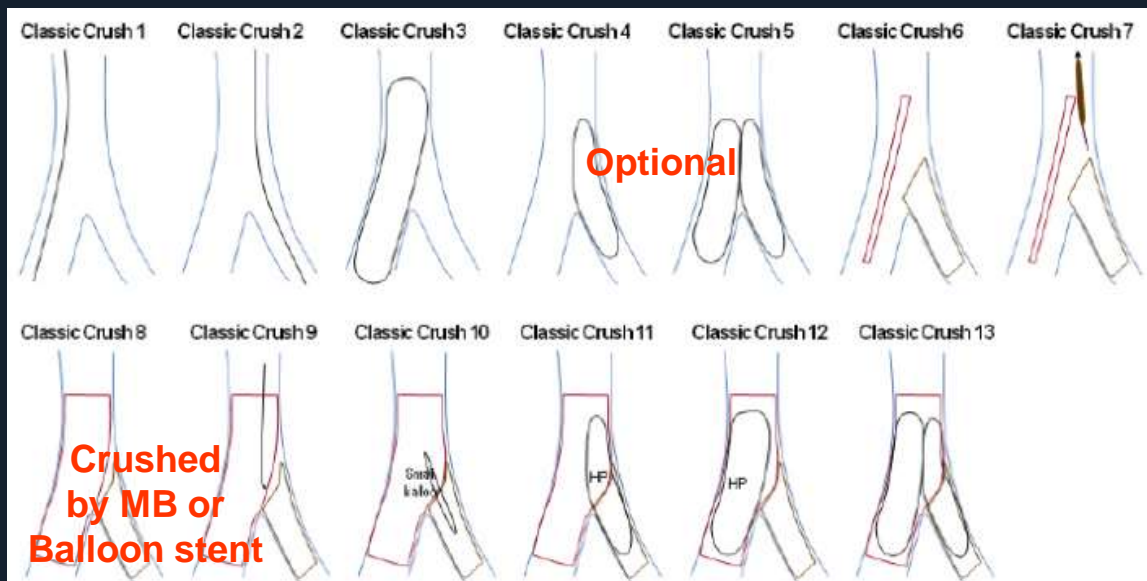
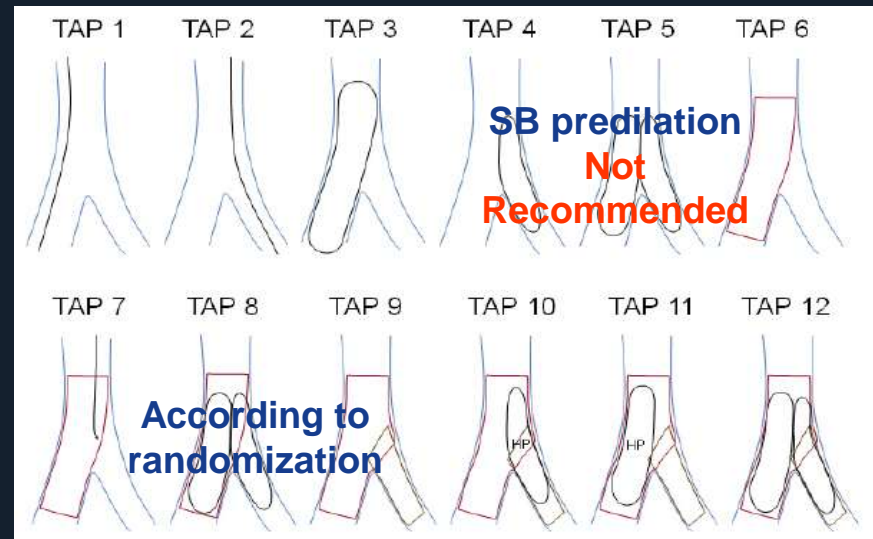
Clinical follow-up  
at 12 months  
(N=155, 100%)

Clinical follow-up  
at 12 months  
(N=213, 100%)

Clinical follow-up  
at 12 months  
(N=205, 99.5%)

# Prespecification and Consensus on Procedural Steps

Single-stent with  
Routine FKB or selective FKB  
Or optional Provisional-T



Crush  
with balloon or  
stent crush

# Baseline Characteristics

Variables	CROSS Study			PERFECT Study		
	Routine-FKB	Leave-alone	P	Crush	1-stent	P
	(N=151)	(N=155)		(N=213)	(N=206)	
Age, years	61.0±9.2	61.0±7.9	0.98	60.9±8.9	61.1±8.8	0.86
Male	107 (70.9)	104 (67.1)	0.48	160 (75.1)	155 (75.2)	1.0
BMI, kg/m <sup>2</sup>	24.7±3.0	24.9±2.6	0.75	24.9±2.8	24.9±3.0	0.86
Current smoking	50 (33.1)	39 (25.2)	0.13	54 (25.4)	67 (32.5)	0.11
Diabetes mellitus	46 (30.5)	45 (29.0)	0.78	55 (25.8)	60 (29.1)	0.45
Hypertension	84 (55.6)	91 (58.7)	0.59	118 (55.4)	114 (55.3)	0.99
Hyperlipidemia	71 (47.0)	77 (49.7)	0.64	132 (62.0)	118 (57.3)	0.33
Family history	10 (6.6)	19 (12.3)	0.092	30 (14.1)	26 (12.6)	0.66
Prior CABG	8 (5.3)	15 (9.7)	0.15	20 (9.4)	11 (5.3)	0.11

# Baseline Characteristics

Variables	CROSS Study			PERFECT Study		
	Routine-FKB	Leave-alone	P	Crush	1-stent	P
	(N=151)	(N=155)		(N=213)	(N=206)	
CRF	4 (2.6)	0	0.058	1 (0.5)	1 (0.5)	1.0
CHF	0	0		0	2 (1.0)	0.24
Prior MI	3 (2.0)	6 (3.9)	0.5	9 (4.2)	9 (4.4)	0.94
Clinical symptom			0.64			0.43
Stable	74 (49.0)	84 (54.2)		130 (61.3)	127 (62.0)	
Unstable angina	66 (43.7)	62 (40.0)		74 (34.9)	65 (31.7)	
Recent MI	11 (7.3)	9 (5.8)		8 (3.8)	13 (6.3)	
LVEF, %	60.9 ± 7.0	62.2 ± 5.7	0.098	60.4 ± 6.8	59.5 ± 7.2	0.2

# Procedures

Variables	CROSS Study			PERFECT Study		
	Routine-FKB	Leave-alone	P	Crush	1-stent	P
	(N=151)	(N=155)		(N=213)	(N=206)	
Treated vessels			0.54			0.62
1 vessel	111 (73.5)	109 (70.3)		159 (74.6)	145 (70.4)	
2 vessels	35 (23.2)	43 (27.7)		46 (21.6)	52 (25.2)	
3 vessels	5 (3.3)	3 (1.9)		8 (3.8)	9 (4.4)	
Target lesions			0.69			0.33
LAD	137 (90.7)	137 (88.4)		200 (93.9)	190 (92.2)	
LCX	11 (7.3)	12 (7.7)		10 (4.7)	15 (7.3)	
RCA	3 (2.0)	6 (3.9)		3 (1.4)	1 (0.5)	
Trans-radial	56 (37.1)	55 (35.5)	0.77	25 (11.7)	25 (12.1)	0.90
Procedure T, min	40.8±18.5	32.8 ± 16.2	< 0.001	52.5±21.0	48.7±21.2	0.065
Fluoroscopic T, min	21.4±10.3	17.9 ± 8.1	0.001	29.3±14.1	25.9±12.7	0.013
Contrast, cc	287±128	273± 110	0.31	350±145	347±125	0.85

# Procedures for Main Branch

Variables	CROSS Study			PERFECT Study		
	Routine-FKB	Leave-alone	P	Crush	1-stent	P
NC balloon	95 (62.9)	87 (56.1)	0.23	141 (66.2)	97 (47.1)	< 0.001
Cutting balloon	0	1 (0.6)	1.00	6 (2.8)	2 (1.0)	0.29
IVUS	139 (92.1)	149 (96.1)	0.13	204 (95.8)	197 (95.6)	0.94
Predilation	148 (98.0)	149 (96.1)	0.50	208 (97.7)	202 (98.1)	1.0
Stents	151 (100)	155 (100)		213 (100)	206 (100)	
Number	1.3±0.5	1.2±0.4	0.61	1.4±0.5	1.4±0.5	0.76
Diameter, mm	3.5±2.2	3.3±0.3	0.23	3.3±0.3	3.3±0.3	0.49
Length, mm	33.2±13.1	33.0±14.8	0.94	37.3±14.7	36.9±15.3	0.76
Maximal Pr, atm	19.2±4.4	18.5±4.6	0.18	18.7±4.1	15.9±4.7	< 0.001
Used stents			0.58			0.98
SES	47 (31.1)	36 (23.2)		127 (59.6)	118 (57.3)	
PES	17 (11.3)	21 (13.5)		2 (0.9)	3 (1.5)	
EES	33 (21.9)	36 (23.2)		59 (27.7)	59 (28.6)	
ZES	44 (29.1)	53 (34.2)		19 (8.9)	19 (9.2)	
Others	10 (6.6)	9 (5.8)		6 (2.8)	7 (3.4)	



# Procedures for Side Branch

Variables	CROSS Study			PERFECT Study		
	Routine-FKB	Leave-alone	P	Crush	1-stent	P
NC balloon	18 (11.9)	2 (1.3)	< 0.001	116 (54.5)	26 (12.6)	< 0.001
Cutting balloon	0	1 (0.6)	1.00	2 (0.9)	0	0.50
IVUS	73 (48.3)	51 (32.9)	0.006	195 (91.5)	164 (79.6)	< 0.001
Predilation	5 (3.3)	6 (3.9)	0.79	177 (83.1)	76 (36.9)	< 0.001
Stent	3 (2.0)	1 (0.6)	0.37	208 (97.7)	58 (28.2)	< 0.001
Number	1	1	-	1.0 ± 0.2	1.0 ± 0.2	0.66
Diameter, mm	2.6±0.1	2.8	0.42	2.7±0.2	2.7±0.2	1.00
Length, mm	24.7±2.9	30.0	0.25	21.4±6.7	21.5±6.9	0.93
Max. Pr, atm	15.7±5.1	17.0	0.84	18.0±4.2	15.1±4.0	< 0.001
Used stents			0.50			0.85
SES	2 (66.7)	0		126 (60.6)	34 (58.6)	
PES	0	0		2 (1.0)	0	
EES	1 (33.3)	0		54 (26.0)	19 (32.8)	
ZES	0	1 (100)		18 (8.7)	4 (6.9)	
Others	0	0		8 (3.8)	1 (1.7)	

# SB Stenting Techniques

Variables	CROSS Study			PERFECT Study		
	Routine-FKB (N=151)	Leave-alone (N=155)	P	Crush (N=213)	1-stent (N=206)	P
FKB	144 (95.4)	7 (4.5)	< 0.001	204 (95.8)	163 (79.1)	< 0.001
Stent	3 (2.0)	1 (0.6)	0.37	208 (97.7)	58 (28.2)	< 0.001
Stenting technique			0.75			< 0.001
Crush	0	0		206 (99.0)	15 (25.9)	
Provisional T	2 (66.7)	1 (100)		1 (0.5)	43 (74.1)	
Others	1 (33.3)	0		1 (0.5)	0	

# Medina Classification in Core Lab

Variables	CROSS Study			PERFECT Study		
	Routine-FKB	Leave-alone	P	Crush	1-stent	P
Medina class			0.18			0.012
1. 0. 0.	18 (12.2)	15 (9.8)		2 (1.0)	4 (2.0)	
1. 1. 0.	52 (35.1)	74 (48.4)		5 (2.4)	22 (10.9)	
1. 0. 1.	8 (5.4)	4 (2.6)		18 (8.7)	18 (8.9)	
1. 1. 1.	28 (18.9)	24 (15.7)		137 (65.9)	126 (62.4)	
0. 1. 0.	34 (23.0)	25 (16.3)		4 (1.9)	5 (2.5)	
0. 1. 1.	6 (4.1)	4 (2.6)		39 (18.8)	25 (12.4)	
0. 0. 1.	1 (0.7)	3 (2.0)		3 (1.4)	2 (1.0)	
0. 0. 0.	1 (0.7)	4 (2.6)		0	0	
<b>SB stenosis</b>	<b>29.1%</b>	<b>22.9%</b>		<b>94.8%</b>	<b>84.7%</b>	

# Angiography after Procedure

Variables	CROSS Study			PERFECT Study		
	Routine-FKB	Leave-alone	P	Crush	1-stent	P
<b>Main branch</b>						
Stent length, mm	31.5±12.0	30.9±11.7	0.66	34.0±13.5	34.7±13.4	0.64
MLD, mm						
In-stent	2.6±0.4	2.6±0.4	0.68	2.6±0.4	2.7±0.4	0.041
In-segment	2.2±0.4	2.2±0.4	0.53	2.2±0.4	2.3±0.5	0.13
DS, %						
In-stent	11.6±6.6	12.8±7.2	0.12	13.5±7.2	13.0±6.9	0.48
In-segment	20.3±8.7	20.7±8.3	0.70	22.1±10.0	20.7±8.7	0.12
<b>Side branch</b>						
Stent length, mm	15.3±8.1	24.6	0.42	15.4±7.1	16.4±6.6	0.32
MLD ostium, mm	1.7±0.4	1.6 ± 0.5	0.053	2.3±0.4	1.9±0.6	< 0.001
DS ostim, %	25.8±15.0	32.2 ± 18.2	0.001	13.7±11.1	25.7±17.8	< 0.001

# Main Branch Follow-up Angiography

Variables	CROSS Study			PERFECT Study		
	Routine-FKB (N=106)	Leave-alone (N=108)	P	Crush (N=155)	1-stent (N=145)	P
MLD, mm						
In-stent	2.2±0.6	2.3±0.5	0.32	2.4±0.4	2.4±0.5	1.0
In-segment	1.9±0.6	2.1±0.4	0.071	2.1±0.4	2.2±0.5	0.44
DS, %						
In-stent	22.8±16.2	20.5±13.4	0.24	19.8±10.6	21.3±13.3	0.26
In-segment	29.7±17.3	25.7±13.1	0.064	26.8±13.1	26.1±12.4	0.65
Late loss, mm						
In-stent	0.4±0.5	0.3±0.4	0.13	0.2±0.3	0.3±0.4	<b>0.036</b>
In-segment	0.2±0.5	0.1±0.4	0.094	0.1±0.4	0.2±0.4	0.24
Restenosis	16 (15.1)	4 (3.7)	<b>0.004</b>	8 (5.2)	7 (4.8)	0.90
Restenosis pattern			1.0	1.0		
Focal	10 (62.5)	2 (50.0)		5 (62.5)	4 (57.1)	
Diffuse	6 (37.5)	2 (50.0)		3 (37.5)	3 (42.9)	

# Side Branch Angiographic Follow-up

Variables	CROSS Study			PERFECT Study		
	Routine-FKB (N=106)	Leave-alone (N=108)	P	Crush (N=155)	1-stent (N=145)	P
MLD, mm						
Ostium	1.6±0.4	1.5±0.5	0.17	2.0±0.4	1.6±0.5	< 0.001
In-segment	1.5±0.4	1.5±0.4	0.73	1.7±0.4	1.4±0.4	< 0.001
DS, %						
Ostium	27.5±15.9	33.3±16.9	0.010	23.2±15.1	34.3±18.9	< 0.001
In-segment	31.1±14.5	34.9±15.8	0.074	27.7±13.2	37.7±17.1	< 0.001
Late loss, mm						
Ostium	0.1±0.4	0.1±0.4	0.59	0.3±0.4	0.3±0.5	0.15
In-segment	0.1±0.4	0.1±0.4	0.88	0.1±0.3	0.2±0.3	0.36
Restenosis	3 (2.8)	6 (5.6)	0.50	6 (3.9)	12 (8.3)	0.12
Pattern			0.33			0.52
Focal	2 (66.7)	6 (100)		6 (100)	9 (75.0)	
Diffuse	1 (33.3)	0		0	3 (25.0)	

# Angiographic Primary End Points

- **CROSS study: SB in-segment % DS**
  - 31.1±14.5 % in the routine FKB group
  - 34.9±15.8 % in the leave alone group
  - Non-inferiority  $p < 0.001$
  - Superiority  $p = 0.074$
- **PERFECT study: overall restenosis rate**
  - 8.4% in the crush group
  - 11.0% in the single-stent group
  - $P=0.44$

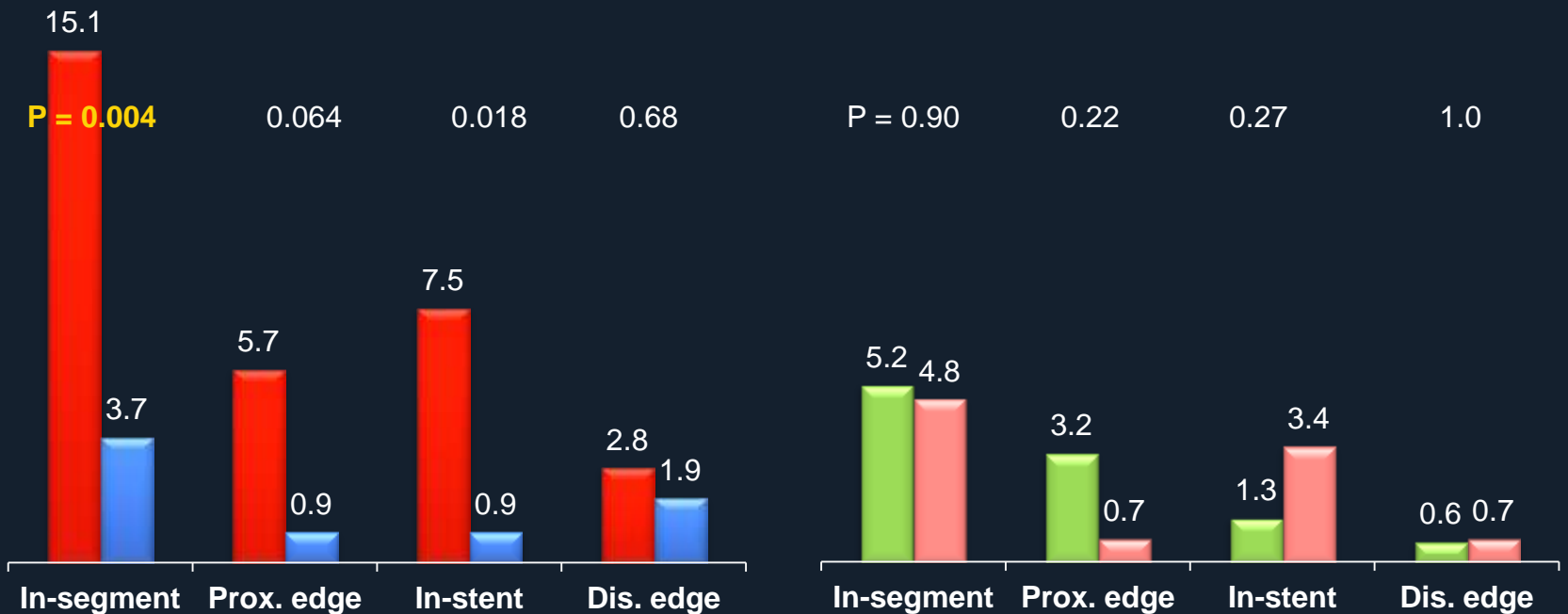
# Restenosis of Main Branch

## CROSS

## PERFECT

■ FKB ■ Leave-alone

■ Crush ■ 1-stent

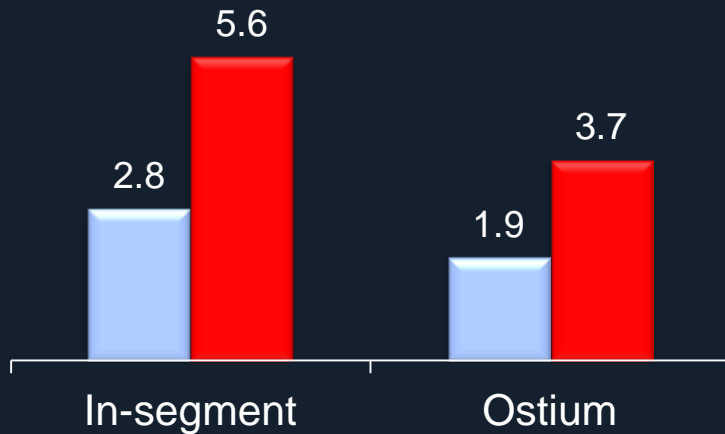




# Restenosis of Side Branch

## CROSS

■ FKB ■ Leave-alone  
P = 0.50      0.68



## PERFECT

■ Crush ■ 1-stent  
P = 0.12      0.20



# Overall Restenosis Rate

## CROSS

P = 0.064

17.9



FKB

9.3



Leave-alone

## PERFECT

P = 0.44

8.4



Crush

11



1-stent

# Sites of restenosis

## CROSS

● Routine-FKB ● Leave alone

Proximal main branch  
(7.5% Routine-FKB vs.  
0.9% Leave alone,  $p=0.018$ )

Side branch  
(2.8% Routine-FKB vs.  
5.6% Leave alone,  $p=0.50$ )

Distal main branch  
(7.5% Routine-FKB vs.  
2.8% Leave alone,  $p=0.11$ )

## PERFECT

● Crush ● Single-stent

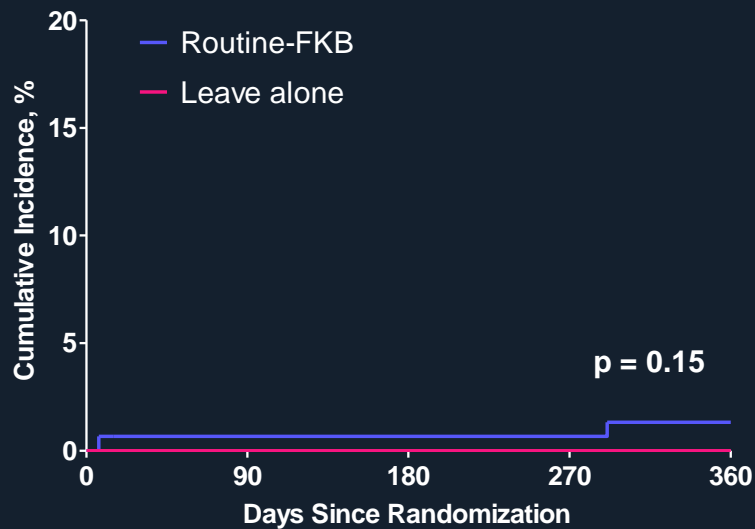
Proximal main branch  
(3.2% Crush vs.  
2.8% Single-stent,  $p=1.0$ )

Side branch  
(3.9% Crush vs.  
8.3% Single-stent,  $p=0.11$ )

Distal main branch  
(1.9% Crush vs.  
2.1% Single-stent,  $p=1.0$ )

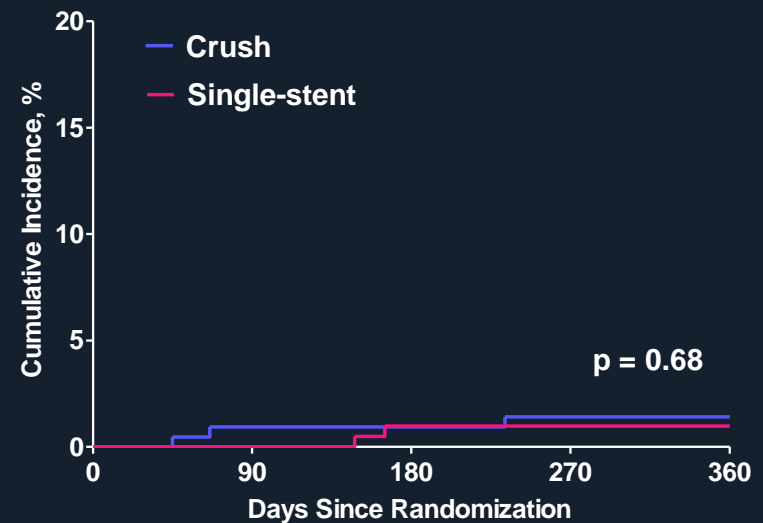
# DEATH at 12 months

## CROSS



No. at risk	0	90	180	270	360
Routine-FKB	151	150	150	150	148
Leave alone	155	155	155	155	155

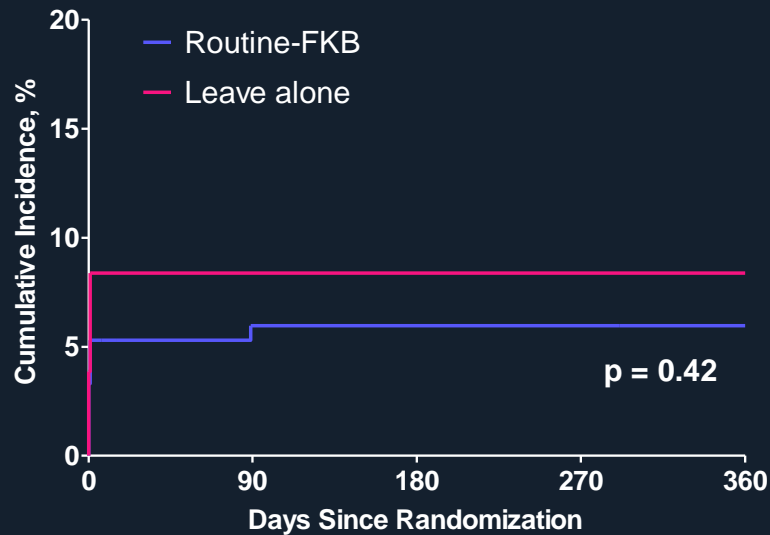
## PERFECT



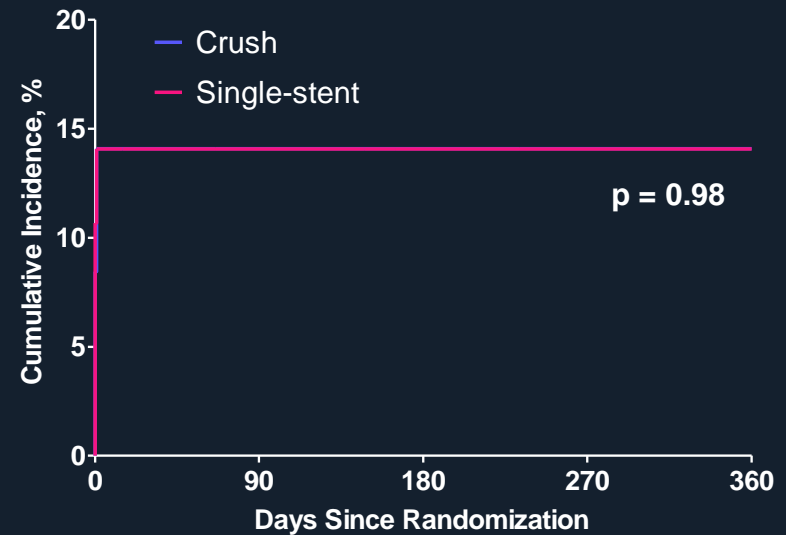
No. at risk	0	90	180	270	360
Crush technique	213	212	212	211	210
Single-stent	206	206	204	204	203

# MI at 12 months

## CROSS



## PERFECT

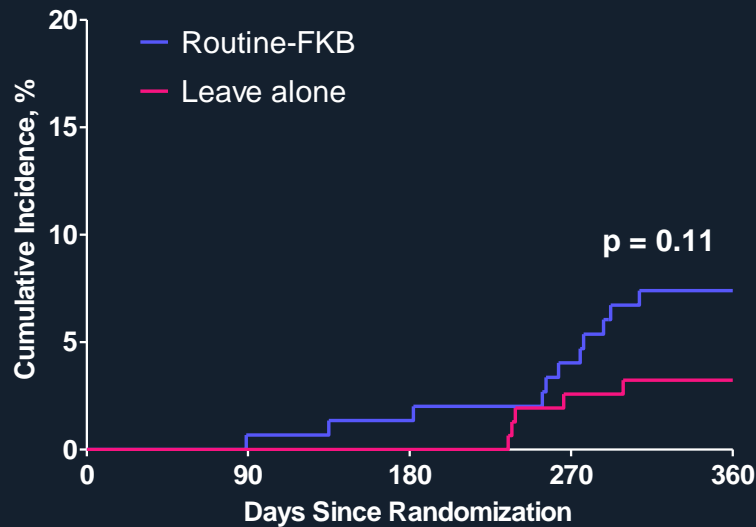


No. at risk	0	90	180	270	360
Routine-FKB	151	141	141	141	139
Leave alone	155	149	149	149	142

No. at risk	0	90	180	270	360
Crush technique	213	182	182	181	180
Single-stent	206	177	175	175	174

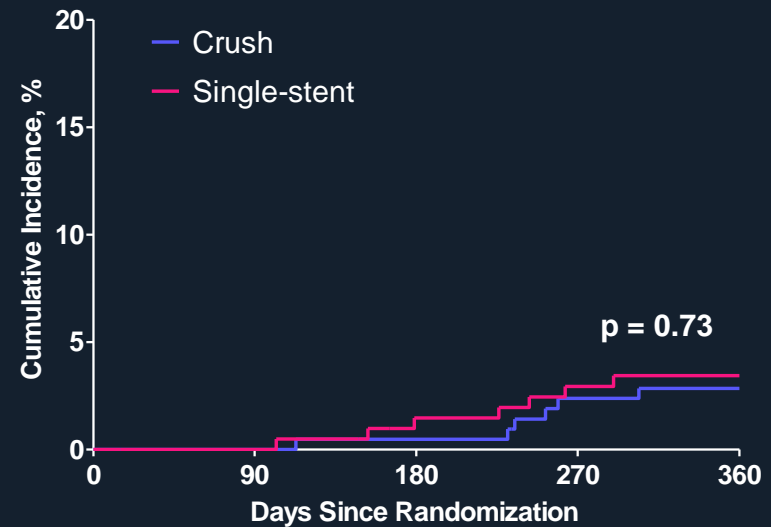
# TVR at 12 months

## CROSS



No. at risk	0	90	180	270	360
Routine-FKB	151	149	148	144	137
Leave alone	155	155	155	152	150

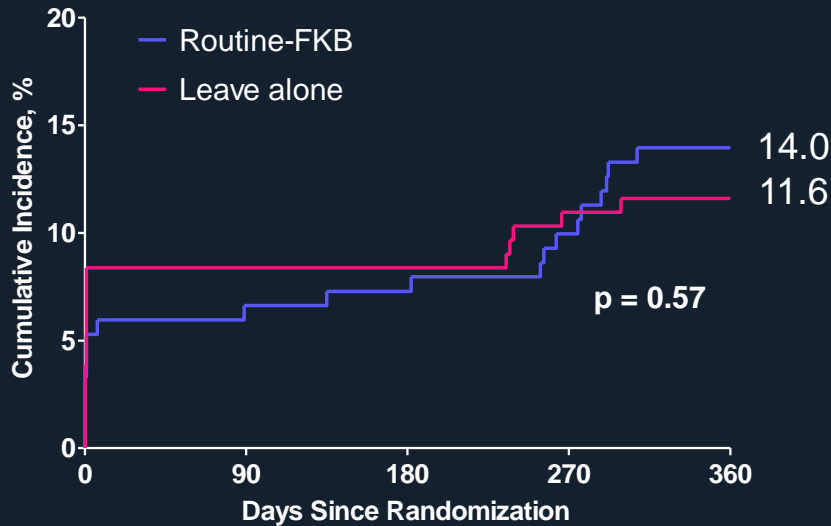
## PERFECT



No. at risk	0	90	180	270	360
Crush technique	213	212	211	206	204
Single-stent	206	206	201	198	196

# MACE at 12 months

## CROSS



No. at risk	0	90	180	270	360
Routine-FKB	151	141	140	136	129
Leave alone	155	149	149	139	137

## PERFECT



No. at risk	0	90	180	270	360
Crush technique	213	182	182	177	175
Single-stent	206	177	172	169	167

# 1-Year Clinical Outcomes

Variables	CROSS Study			PERFECT Study		
	Routine-FKB (N=151)	Leave-alone (N=155)	P	Crush (N=213)	1-stent (N=206)	P
Death	2 (1.3)	0	0.15	3 (1.4)	2 (1.0)	0.68
Cardiac	2 (1.3)	0	0.15	2 (0.9)	1 (0.5)	0.58
Non-cardiac	0	0		1 (0.5)	1 (0.5)	0.98
MI	9 (6.0)	13 (8.4)	0.42	30 (14.1)	29 (14.1)	0.98
Q-wave	0	1 (0.6)	0.32	0	0	
Non-Q wave	9 (6.0)	12 (7.7)	0.55	30 (14.1)	29 (14.1)	0.98
TVR	11 (7.4)	5 (3.2)	0.11	6 (2.9)	7 (3.4)	0.73
Clinically-driven	4 (2.7)	1 (0.6)	0.16	1 (0.5)	3 (1.5)	0.30
TLR	10 (6.7)	4 (2.6)	0.088	4 (1.9)	7 (3.4)	0.33
PCI	10 (6.7)	4 (2.6)	0.088	4 (1.9)	6 (2.9)	0.48
CABG	0	0		0	1 (0.5)	0.31
Stent thrombosis	0	1 (0.6)	0.33	1 (0.5)	0	0.32
MACE	21 (14.0)	18 (11.6)	0.57	38 (17.8)	38 (18.5)	0.85



# Conclusions

- This study has strengths: (1) inclusion of all consecutive non-LM bifurcations separated into the two cohorts according to the presence of SB stenosis (2) prespecification of procedural steps (3) treatment using new-generation DES and (4) extensive use of IVUS during treatment.
- The primary finding is that any bifurcation stenting using current DES can achieve excellent long-term prognosis once the procedure is performed successfully.

# Conclusion

- In the CROSS study, the selective FKB was not inferior to the routine FKB to treat non-LM bifurcations without SB stenosis in terms of angiographic and clinical outcomes.
- Instead, the strategy of routine FKB was associated with more frequent MB restenosis. This finding indicates that routine FKB is not beneficial but potentially harmful for bifurcations without initial SB stenosis.
- In the PERFCT study, the crush technique failed to achieve better angiographic or clinical outcomes than the single-stent strategy for non-LM bifurcations with SB stenosis.
- It should be noted, however, that a third of patients assigned to the single-stent group finally received SB stents. This finding indicates that the two-stent technique is still required in a group of patients with true bifurcation lesions.

# Thank you very much

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